



STATE OF WASHINGTON  
APPLICATION TO ENTER A WATER RIGHT INTO  
THE TRUST WATER RIGHT PROGRAM

RECEIVED  
OCT 14 2010  
DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE

NOTE: THIS FORM IS ONLY TO BE USED FOR THE  
ACQUISITION OF WATER INTO THE TRUST WATER RIGHT PROGRAM

(Check all that apply.)

- ☐ Lease  
☐ Purchase  
☒ Donation  
☐ Other

Explain: 25 year Donation

☒ Portion of the identified existing water right

IF FOR SEASONAL OR TEMPORARY, START DATE 05 / 01 / 2011  
END DATE 07 / 31 / 2036

FOR OFFICE USE ONLY

FILE No. CS4-07252JC1 WRIA 48  
DATE ACCEPTED 10 / 22 / 2010 BY OKW  
FEE \$ 0 REC'D 10 / 14 / 2010  
CHECK No. 1  
SEPA: ☐ Exempt ☐ Not exempt

\*\*IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)\*\*

1. Applicant Information:

APPLICANT/BUSINESS NAME <b>Susan Marracci</b>	PHONE NO. <b>(509) 689-3610</b>	FAX NO. <b>(509) 689-2903</b>
ADDRESS <b>451 Bally Hill Road</b>		
CITY <b>Twisp</b>	STATE <b>WA</b>	ZIP CODE <b>98856</b>

CONTACT NAME (IF DIFFERENT FROM ABOVE) <b>Aaron Penvose, Trout Unlimited</b>	PHONE NO. <b>(509) 888-0970</b>	FAX NO. <b>(509) 888-4352</b>
ADDRESS <b>103 Palouse St. Suite #14</b>		
CITY <b>Wenatchee</b>	STATE <b>WA</b>	ZIP CODE <b>98826</b>

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER <b>S4-07252JC</b>	RECORDED NAME(S) <b>Methow Valley Livestock Company</b>
DO YOU OWN THE RIGHT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
ARE WATER DIVERSIONS/WITHDRAWALS OF THIS WATER RIGHT METERED OR MEASURED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IMPORTANT! PROVIDE INFORMATION SHOWING THE EXTENT OF WATER USE FOR EACH OF THE LAST FIVE YEARS	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

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WATER RIGHT NO. \_\_\_\_\_ FILE (contract) NO. \_\_\_\_\_

CS4-07252JC1

DONATION



### 3. How is Water to be Made Available for Trust?

<input type="checkbox"/> Alteration in method of diversion	<input type="checkbox"/> Alteration in water use/ irrigated acreage
<input type="checkbox"/> Alteration in method of delivery/conveyance	<input type="checkbox"/> Nonuse of one or more points of diversion
<input checked="" type="checkbox"/> Alteration in method of water application	<input checked="" type="checkbox"/> Nonuse of all or a portion of the named water right
<input type="checkbox"/> Alteration in type of crop	<input type="checkbox"/> Other, Explain below:
Name of funding source(s): Donation	

### WATER RIGHT DESCRIPTION \*

#### 4. Point(s) of Diversion/Withdrawal:

##### A. Existing

SOURCE	N O	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Beaver Creek		SW	SE	35	34N	22 E.W.M	3422350011	

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

#### 5. Purpose of Use:

##### A. Existing Use of the Water Right

PURPOSE OF USE	GPM or CFS	ACRE- FT/YR	PERIOD OF USE
Irrigation of Alfalfa	.04 CFS	7.29	May 1 <sup>st</sup> to July 31 <sup>st</sup>

##### B. Proposed Purpose of the Trust Water Right:

DESCRIBE THE PURPOSE(S) OF USE DURING THE PERIOD OF TRUST:	
PURPOSE OF USE	ACRE-FEET/YR
Instream flow	7.29

#### 6. Place of Use:

##### A. Existing:

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
<b>Lot 3, except 2 acres, and the S1/2 NW1/4 of Section 2, Township 33N., Range 22 E.W.M.</b>							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		2	33 N.	22	Okanogan	3322020017	10.2
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME: George and Candi Hoksbergen, James Thomas, Alfred and Mary Heggenes and Troy Accord							

\* If additional space is needed, please continue on the form: Attachment for Application to Enter a Water Right into the Trust Water Right Program.



6. Place of Use (continued)

B. Proposed:

IDENTIFY THE WATER BODY TO BE BENEFITED OR OTHER PLACE TO BE BENEFITED
<b>Beaver Creek, Tributary to the Methow River, Okanogan County</b>

7. Remarks and Other Relevant Information:

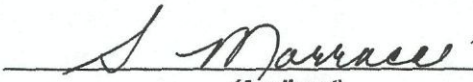

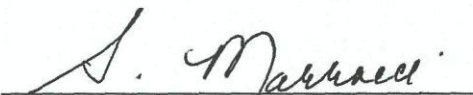
<b>This Trust Application seeks to effectuate an acquisition of the water right to be used exclusively for fish maintenance and enhancement, recreational uses and preservation of environmental and aesthetic values as allowed under RCW Chapters 90.03, 90.42 and 90.58. This purchase offers biological benefits and addresses limiting factors for fish species. Therefore, we request expedited processing under WAC 173-152-050(2)(b) and (3)(a).</b>

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

8. Signatures:

*I certify that the information above is true and accurate to the best of my knowledge. I hereby grant staff from the Department of Ecology access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.*

 (Applicant)	<u>6 / 25 / 2010</u> (Date)
 (Water Right Holder)	<u>6 / 25 / 2010</u> (Date)
 (Land Owner(s) of Existing Place of Use)	<u>6 / 25 / 2010</u> (Date)

**IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.**

<b>WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):</b>	
<input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED	<input type="checkbox"/> SECTION _____ IS INCOMPLETE
<input type="checkbox"/> OTHER/EXPLANATION: _____	
STAFF: _____	DATE: ____/____/____